

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-7-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99456L3WP, 99080-69, 95935-26, 95900-26 and 95904-26.

II. FINDINGS

The respondent denied reimbursement based upon, “C – Reimbursed per negotiated contract with EOS Managed Care Services, Inc; G – Reimbursement for this procedure is included in the basic allowance for another procedure; and F – The charge for the professional component of the procedure exceeds the scheduled allowance.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-28-03	99456L3WP	\$350.00	\$280.00	C	\$350.00	Evaluation & Management GR (XXIII)(E)(2) Rule 130.6	EM GR (XXIII)(E)(2) states “When the result of the evaluation is that maximum medical improvement has not been reached, the reimbursement allowed is \$350.00. Requestor contends that a contract does not exist between parties; therefore, additional reimbursement of \$70.00 is recommended.
	99080-69	\$15.00	\$0.00	G	\$15.00	Rule 130.6(r)(3)(E) Rule 130.1	Rule 130.6(r)(3)(E) states that when claimant has not reached MMI, the designated doctor shall only receive the base reimbursement, and no additional reimbursement will be allowed.
	95900-26 (X4)	\$204.80	\$38.40	F	\$64.00 X 30% = \$19.20/nerve X 4 = \$76.80	Medicine GR (IV)	Tibial and Peroneal nerves were tested, additional reimbursement of \$38.40 is recommended.
	95904-26 (X4)	\$204.80	\$38.40	F	\$64.00 X 30% = \$19.20/nerve X 4 = \$76.80	Medicine GR (IV)	Sural and Peroneal nerves were tested, additional reimbursement of \$38.40 is recommended.

	95935-26 (X6)	\$254.40	\$33.92	F	\$53.00 X 30% = \$15.90 per extremity	Medicine GR (IV)(B)	F and H-wave studies were performed on lower extremities = 4 studies. \$15.90 X 4 = \$63.60 minus amount paid of \$33.92 = additional reimbursement of \$29.68.
TOTAL							The requestor is entitled to additional reimbursement of \$176.48.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for CPT code(s) 99456L3WP, 95935-26, 95900-26 and 95904-26 in the amount of \$176.48. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$176.48** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 16th day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division